

## Spouse Coverage Election and Certificate

The SGLI Online Enrollment System (SOES) is the official system of record for Servicemembers' Group Life Insurance for the United States Navy, the United States Army and the United States Air Force. All coverage and beneficiary elections for members of the Navy, the Army and the Air Force should be made in SOES. This form should only be used in special circumstances as defined by the United States Navy, the United States Army and the United States Air Force.

By law, if you are insured under SGLI and your spouse is not a member of the uniformed services, **your spouse is automatically insured for \$100,000 or the amount of your SGLI coverage**, whichever is less. If your spouse is also a member of the uniformed services and you were married on or after January 2, 2013, spouse SGLI coverage is not automatic.

Please check the appropriate box below. I am completing this form to:

- Increase, restore, or apply for spouse coverage (complete Parts I, II, III, and IV)  
 Reduce spouse coverage (complete Parts I, II, and IV)  
 Decline spouse coverage (complete Parts I, II, and IV and in the space below write "I do not want coverage for my spouse at this time.")

\_\_\_\_\_

### Part I – Service Member Information

1. Print Name (First, Middle, Last)		2. Social Security Number
<input type="text"/>		<input type="text"/>
3. Branch of Service	4. Amount of SGLI now in force	5. Amount of coverage desired for spouse (available in \$10,000 increments)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Part II – Spouse Information

6. Print Name (First, Middle, Last)	7. Social Security Number	8. Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Mailing Address (street, city, state, ZIP)		10. Telephone Number
<input type="text"/>		<input type="text"/>

### Part III – Spouse's Health Information (to increase, restore, or apply for spouse coverage)

11. Weight in pounds	12. Height in feet and inches	13. Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male
14. Have you had or been treated for known indications of:		<b>17. Did you answer "YES" to any question? If so, reference the question by letter and list date, duration and details below.</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
a. A heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. High blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. A neurological disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. Cancer or tumors	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Do you have any known physical impairments, deformities, or ill health not covered above?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Have you ever been diagnosed as having a disease or disorder of the immune system?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

The answers I have given are for securing approval of this request for insurance and I certify that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of insurability by the Office of Servicemembers' Group Life Insurance. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

Signature of spouse \_\_\_\_\_ Date Signed \_\_\_\_\_

**Part IV – Certification by Service Member**

The answers provided in Part III are for securing approval of this request for insurance and I certify that they are true and correct to the best of my knowledge and belief. I understand that the insurance being requested requires approval of insurability by the Office of Servicemembers’ Group Life Insurance. Any deception or knowingly false statement either by inference or omission may result in cancellation of the insurance or in the refusal to pay a claim.

If I chose to reduce or decline spouse coverage, I understand this coverage can only be restored by providing proof of good health and compliance with other requirements. It will also affect the amount of insurance my spouse can convert when spouse coverage expires.

Signature of Service Member \_\_\_\_\_ Date Signed \_\_\_\_\_

For Branch of Service Use Only	For OSGLI Use Only
Name of Personnel Clerk (please print)	Representative
Rank, title, or grade	Approve <input type="checkbox"/>
Contact telephone/e-mail	Disapprove <input type="checkbox"/>
Date	Date
Address	

**PRIVACY ACT NOTICE:** VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., use by VA employees and your authorized representatives in the maintenance of Government Insurance programs) identified in the VA system of records, 36VA29, Veterans and Uniformed Services Personnel Programs of U. S. Government Life Insurance - VA, published in the Federal Register. Your obligation to respond is voluntary, but your failure to provide us the information could impede processing. No insurance may be granted unless a completed application form has been received (38 U.S.C. 2106 and 38 CFR 8a3(e)). Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. The responses you submit are considered confidential (38 U.S.C. 5701).

**RESPONDENT BURDEN:** We need this information to determine, establish or verify your eligibility for VA Insurance benefits. Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

## **Directions To Personnel Clerks Of The Uniformed Services For Spouse Coverage Election and Certificate**

1. All appropriate items on this form must be completed.
2. The amount of the service member's SGLI coverage should be verified to make sure the amount requested for the spouse does not exceed that of the service member.
3. A representative of the uniformed services must complete the "For Branch of Service Official Use Only" section to indicate receipt of the form from the member (whether in person, by mail, or electronically) and should include the date the form was received.
4. This form, properly completed, is authority to a payroll office to change or stop the deductions for spouse coverage premiums if the amount of insurance is changed or canceled.
5. After the form is completed in its entirety, you should:
  - Enter form data into the SGLI Web application
  - Make one copy of the completed form (pages 1 and 2)
  - File a copy in the member's official personnel file
  - Provide a copy to the service member
6. Additional copies may be required as directed by your service.

### **Responses to questions 14, 15, and 16**

If the answers to all items in question 14 and questions 15 and 16 are "No," then the completed form should be retained in the member's personnel file. Once this is done, action should be initiated to deduct premiums from the member's pay. **It is not necessary to send a copy of this form to the Office of Servicemembers' Group Life Insurance (OSGLI) for approval.**

If the answers to any item in question 14 or questions 15 or 16 are "Yes," then the spouse should also complete question 17. A copy of the completed form should be sent to:

Office of Servicemembers' Group Life Insurance  
PO Box 41618  
Philadelphia, PA 19176-1618

Upon receipt, OSGLI will review the application and return an annotated copy to the member's organization showing whether the request is approved or disapproved. The copy returned from OSGLI is to be filed in the member's personnel file. No action should be taken to deduct the premium from the member's pay until the "APPROVED" form is received from OSGLI. At this time, the premium deduction should begin with the pay for the month when a service member elects to have his/her spouse covered. (Note: If the spouse dies between the time the form is submitted to OSGLI and the time it is returned marked "APPROVED," the insurance will be paid. If the form is returned marked "DISAPPROVED," the insurance will not be paid.) If the request for insurance is disapproved, OSGLI will return the form with a letter of explanation to the Commanding Officer. The member should be notified that he/she may write to OSGLI or call 1-800-419-1473 for further explanation.

## Directions To Service Member

1. Type or print in ink except where otherwise noted.
2. Complete Parts I and II.
3. Your spouse must complete Part III if increasing, restoring, or applying for spouse coverage.
4. You must read, sign, and date Part IV. An authorized agent of the uniformed services must witness your signature.

### Important Information

Spouse coverage is granted under the Servicemembers' Group Life Insurance provisions of title 38, United States Code, and is subject to this law and the regulations pertaining to this law.

### Periods of Coverage

Coverage for spouses began on November 1, 2001, for service members insured under SGLI who were married as of that date. Otherwise, coverage for spouses begins on the date of marriage to the insured service member, unless your spouse is also a member of the uniformed services and you were married on or after January 2, 2013. In those instances spouse coverage is not automatic.

Coverage for spouses ends 120 days after any the following events: 1) The date a service member elects in writing to terminate the spouse coverage. 2) The date a service member elects in writing to terminate his or her own coverage. 3) The date of a service member's death. 4) The date a service member separates or is released from uniformed service. 5) The date of divorce from a service member.

An insured spouse may elect to convert his or her coverage to a commercial policy within 120 days following one of the events listed above. The service member or spouse must contact the Office of Servicemembers' Group Life Insurance as soon as possible after the event to get a list of participating companies and more information on converting. A list of participating companies can also be found at [www.benefits.va.gov/insurance](http://www.benefits.va.gov/insurance).

### Information about Dependent Child Coverage

By law, if you are insured under SGLI, each of your dependent children is automatically insured for \$10,000. Coverage for dependent children of service members insured under SGLI began on November 1, 2001. For natural children born after November 1, 2001, coverage begins on the date of birth of the child. Coverage for those who are not natural children of the insured service member begins on the date when the child becomes a qualified dependent of the member. Dependent children include, but are not limited to, natural born children, legally adopted children, and stepchildren who are members of the service member's household, who are under the age of 18, or who became permanently incapable of self-support prior to age 18, or who are under age 23 and are full-time students. For a more complete definition of dependent children, please refer to title 38 USC, the first sentence of section 101(4)(A).

Coverage for children ends 120 days after any of the following events: 1) The date a service member elects in writing to terminate his or her own coverage. 2) The date a service member separates or is released from the uniformed service. 3) The date of a service member's death. 4) The date the children no longer qualify as insurable dependents of the service member.

### Provisions for Payment of Insurance

The service member will receive the proceeds upon the death of his or her spouse or child. Payment of the proceeds for the death of a spouse will be made through the Alliance Account®, check, Electronic Funds Transfer (EFT), or 36 equal monthly payments.\* Payment of the proceeds for the death of a child will be made through the Alliance Account, check, or Electronic Funds Transfer (EFT). If two insured service members are married, the proceeds paid from the death of a child will be paid to the member who was eligible for SGLI coverage the longest. If an insured service member is separated or divorced from another insured service member, insurance proceeds from the death of a child will be paid to the member who has custody of the child.

### How to File a Claim

Upon the death of your spouse or child, you should notify the Casualty Office within your branch of service. The Casualty Office will submit a *Report of Death of Family Member (SGLV 8700)*, a copy of the death certificate, and this form to the Office of Servicemembers' Group Life Insurance.

### Cost of Coverage – Premiums for Spousal Coverage

Spouse's age	Monthly rate per \$10,000	Monthly cost for \$100,000 coverage
Under 35	\$0.50	\$5.00
35–39	\$0.65	\$6.50
40–44	\$0.85	\$8.50
45–49	\$1.30	\$13.00
50–54	\$2.50	\$25.00
55–59	\$3.70	\$37.00
60 & older	\$5.00	\$50.00

**The Office of Servicemembers' Group Life Insurance (OSGLI) administers Servicemembers' Group Life Insurance and Veterans' Group Life Insurance under the supervision of the Department of Veterans Affairs. OSGLI is a division of The Prudential Insurance Company of America.**

\*The Bank of New York Mellon is the Administrator of the Prudential Alliance Account Settlement Option, a contractual obligation of The Prudential Insurance Company of America, located at 751 Broad Street, Newark, NJ 07102-3777. Draft clearing and processing support is provided by The Bank of New York Mellon. Alliance Account balances are not insured by the Federal Deposit Insurance Corporation (FDIC). The Bank of New York Mellon is not a Prudential Financial company.